

## DECLARATION FOR U.S. PATENT APPLICATION

My residence, post office address and citizenship are as stated below next to my name.

## ASTHMA DRUG INHALER WITH WHISTLE

☒ was filed on **September 10, 2003** as United States Application Number \_\_\_\_\_ and was filed on \_\_\_\_\_ as PCT International Application Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 (a) – (d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application for which priority is claimed.

**2002-306451**  
**(Number)**

**Japan**  
(Country)

**10/10/2002**  
(Day/Month/Year Filed)

**Priority Claimed**

☒ Yes ☐ No

**2003-121760**  
**(Number)**

**Japan**  
(Country)

**25/04/2003**  
(Day/Month/Year Filed)

☒ Yes ☐ No

(Number)

(Country)

(Day/Month/Year Filed)

☐ Yes ☐ No

(Number)

(Country)

(Day/Month/Year Filed)

☐ Yes ☐ No

(See note B) ☐ See attached list for additional prior foreign applications

## Status

(List prior U.S. Applications)

(Application Serial No.)

(Filing Date)

☐ Patented   ☐ Pending   ☐ Abandoned

(Application Serial No.)

(Filing Date)

☐ Patented   ☐ Pending   ☐ Abandoned

(Application Serial No.)

(Filing Date)

☐ Patented ☐ Pending ☐ Abandoned

(Application Serial No.)

(Filing Date)

☐ Patented   ☐ Pending   ☐ Abandoned

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

**Customer Number: 38834**

Please direct all communications to the following address:

Westerman, Hattori, Daniels & Adrian, LLP  
1250 Connecticut Avenue, N.W., Suite 700, Washington, D.C. 20036

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18 of the United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

|              |   |   |
|--------------|---|---|
| (See note C) | Full name of sole or first inventor (given name, family name) | <u>Akihiko MIYAMOTO</u>   |
|              | Inventor's signature  | <u><i>Akihiko Miyamoto</i></u> Date <u>11 / 11 / 2003</u>                     |
|              | Residence   | <u>Ibaraki, Japan</u> Citizenship <u>Japanese</u>                             |
|              | Post Office Address   | <u>1-229, Kojo, Makabemachi, Makabegun 300-4407,</u><br><u>IBARAKI, JAPAN</u> |
| <hr/>        |   |   |
|              | Full name of second inventor (given name, family name)        | _____   |
|              | Inventor's signature  | _____ Date _____  |
|              | Residence   | _____ Citizenship _____   |
|              | Post Office Address   | _____   |
| <hr/>        |   |   |
|              | Full name of third inventor (given name, family name)         | _____   |
|              | Inventor's signature  | _____ Date _____  |
|              | Residence   | _____ Citizenship _____   |
|              | Post Office Address   | _____   |
| <hr/>        |   |   |
|              | Full name of fourth inventor (given name, family name)        | _____   |
|              | Inventor's signature  | _____ Date _____  |
|              | Residence   | _____ Citizenship _____   |
|              | Post Office Address   | _____   |
| <hr/>        |   |   |
|              | Full name of fifth inventor (given name, family name)         | _____   |
|              | Inventor's signature  | _____ Date _____  |
|              | Residence   | _____ Citizenship _____   |
|              | Post Office Address   | _____   |
| <hr/>        |   |   |
|              | Full name of sixth inventor (given name, family name)         | _____   |
|              | Inventor's signature  | _____ Date _____  |
|              | Residence   | _____ Citizenship _____   |
|              | Post Office Address   | _____   |
| <hr/>        |   |   |

## NOTES

- A. Please list all foreign applications relating to the invention and check block "yes" or "no".
- B. If more than 4 prior foreign applications, please check this box and attach a sheet listing the remaining prior foreign applications.
- C. For residence in the U.S., indicate city and state, for residence outside the U.S., indicate city and country. The "Post Office Address" must be an address acceptable by a Post Office for delivery of mail.